U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official Use Only
	AUG 1 2 2005
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1. File Number U - 5768

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name	Reno	D Hammond	Name	S.W. Laborers D.C. / L	ocal 107	
			Labor	Organization File Number 543-0)29	
P.O. Box, Bldg., Room No., if any PO Box 159			P.O. Box, Building and Room Number, if any Suite 225			
Street			Street	6520 N. 7th Street		
City	Terlton		City	Phoenix		
State	Oklahoma	ZIP Code + 4 74081	State	Arizona	ZIP Code + 4	84015
5. Position in labor organization. Presdent & Asst BM / Rec Secretary						
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.			
Name						
Trade	Name, if any:					
P.O. Box, Bldg., Room No., if any Street						
			7.b. Am	ount.		
City						
State		ZIP Code + 4				

Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

8/10/2004

Date

918-757-2111

Telephone Number

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing Reno Hammond	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Youngdahl Youtz & Yougndahl Trade Name, if any: Legal Council P.O. Box, Bldg., Room No., if any Street 420 Central S W, Suite 210 City Albuquerque State New Mexico ZIP Code + 4 77546 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with:				
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$24,192 12.a. Nature of interest held or income received. 1/14/04 Mr. Hammond received a Christmas Basket (Meat) equaling \$73.98. Mr. Hammond holds no ownership, intrest and has not received any income from Youngdahl Youtz and Yougndahl.				
	12.b. Amount. \$74				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				